

# The Director of Public Health Annual Report 2023

## Ageing Well in Herefordshire



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## Foreword from Herefordshire's Director of Public Health



Welcome to Herefordshire's Director of Public Health annual report. This year I have chosen to focus on ageing well in Herefordshire. This report allows us to look at the challenges and opportunities associated with ageing well in the county and the factors that affect our health and wellbeing as we age. It is also an opportunity to showcase some examples of the local services and initiatives available to support health in older age.

In Herefordshire, a significant proportion of the population is over the age of 65, with the number of over 85 year olds rising rapidly. Improved living and working conditions, reduced smoking rates and improved healthcare have all contributed to increasing how long we live from generation to generation. The fact that people are living longer now than in previous generations is something we should be proud of. However, although people in Herefordshire are living longer lives, these years are not always spent in good health. We have a collective responsibility to ensure that our residents continue to live independent, healthy, purposeful and connected lives in older age.

Whilst Herefordshire has a wealth of natural assets that greatly support the wellbeing of our residents, the dispersed and rural population causes challenges for the delivery of public services. As a county, Herefordshire has the fourth lowest population density in England, with 82,700 homes and 186,100 residents scattered across 842 square miles. Half of all residents live in areas classified as rural, with two in five living in the most rural village and dispersed areas. Furthermore, those aged 65 years and older are more likely to live in the rural areas creating particular challenges for the delivery of services where travel times and access issues, such as public transport, are a barrier.

The development of ill health in older age is not inevitable. There are many straightforward actions that can be taken by individuals and society to prevent or delay the onset of disease and maximise the years we spend in good health. This report highlights the challenges we face as an ageing population, but also the action we can all take to improve our health as we age.

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**Director of Public Health**

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# 1. The growth of Herefordshire's ageing population

There are approximately 53,000 people aged over 65 living in Herefordshire, representing over a quarter of the local population. Herefordshire's population is older than the average for West Midlands and England as a whole, with a higher proportion of people aged over 65 and lower proportions of younger working age adults and children. The older population has grown significantly over recent years and this trend is set to continue, with a 34% increase in over 65's by 2040<sup>1</sup>.

A large proportion of people migrate away from urban areas of the UK before they reach older age. The result is that rural areas, such as Herefordshire, age much faster than more urban areas. Herefordshire itself shows a similar geographical distribution of older people, with higher concentrations of older people in rural sub-localities. Figure 1 shows how the distribution of older people is projected to change over time across the county.

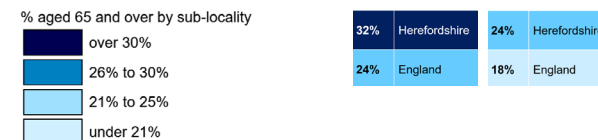
In Herefordshire, 31% of households are single occupancy and half of these are people over 65, equating to 28% of all those aged over 65 living alone<sup>3</sup>. Herefordshire is often compared to other rural counties such as Devon and Cornwall, but Herefordshire's population is spread over a larger area, further increasing the potential for social isolation and poorer access to services.

The 2021 Census found that amongst Herefordshire respondents aged 65 and over, 97% identified as 'White British', 2% identified as 'Other White' and 0.7% identified as 'Asian, Mixed, Black or other ethnic group'<sup>3</sup>.

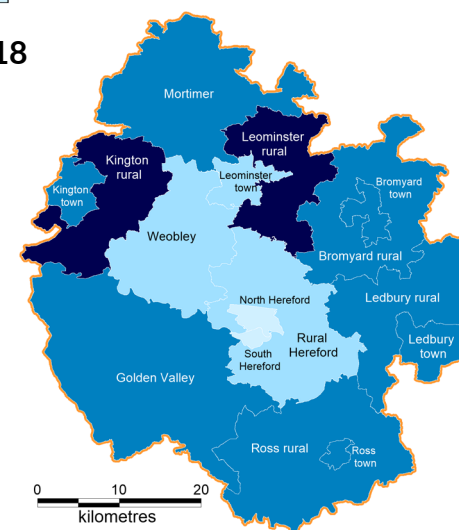
In line with the Equality Act (2010), the census considers people who assess their day-to-day activities as limited by long-term physical or mental health conditions or illnesses as disabled. The 2021 Census found that amongst Herefordshire respondents aged 65 and over, 67% were 'not disabled'; 18% were 'disabled - day-to-day activities limited a little'; and 15% were 'disabled - day-to-day activities limited a lot'<sup>3</sup>.

In the UK, through the 20th century and at the start of the 21st century, life expectancy (how long we are expected to live) at birth increased fairly rapidly, from an average of 46 years in the early 1900s to around 80 years by 2011. This was due to reductions in mortality rates, influenced by improvements in living standards and infectious disease control. However, since 2011, improvements in mortality rates have slowed, causing life expectancy gains to stall. Nationally, life expectancy was reduced in 2020-22, but this is likely to be a temporary effect of the COVID-19 pandemic<sup>4</sup>.

## Proportion of >65 year olds by sub-locality in Herefordshire



2018



2038

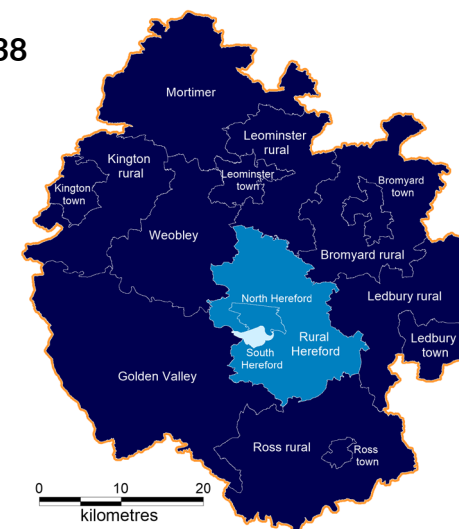


Figure 1: Proportion of over 65's by sub-locality in Herefordshire<sup>2</sup>



In Herefordshire, the average life expectancy at birth is significantly higher than the national average in England. The current life expectancy in Herefordshire is 80 years for males (78.9 years in England) and 83.4 for females (82.8 years in England)<sup>5</sup>. Another useful measure to help us understand if our health is improving, is healthy life expectancy. Healthy life expectancy is defined as 'a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health'.

In Herefordshire, the average healthy life expectancy at birth is 64.2 years for males and 66.3 for females. This compares favourably to the healthy life expectancy in England, which is 62.4 for males and 62.7 years for females.. Healthy life expectancy at birth in England has decreased in both males and females in 2020-2022 when compared to 2011-2013.<sup>5</sup>

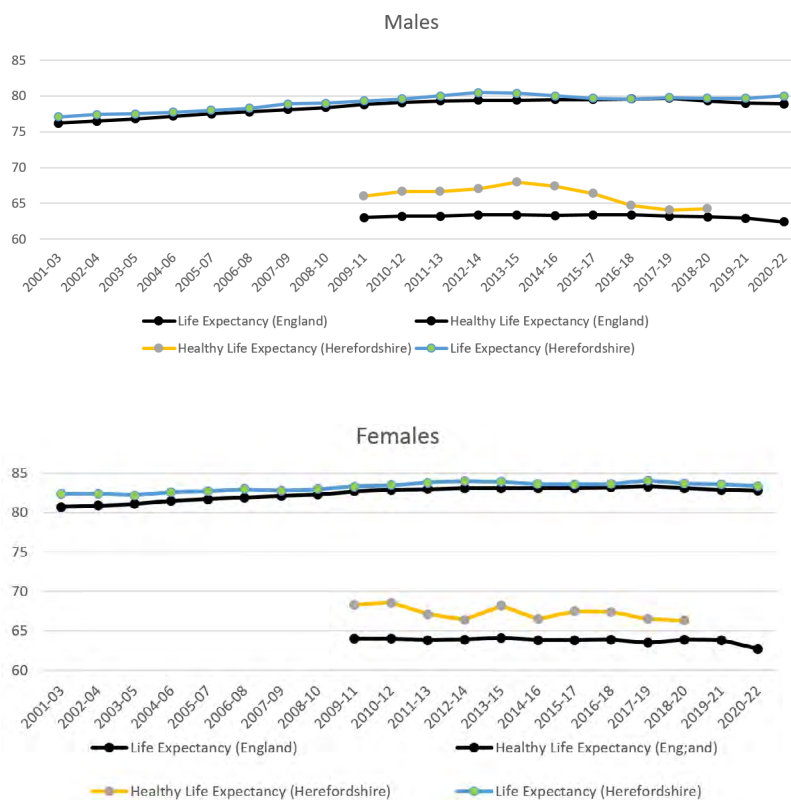


Figure 2 shows that although life expectancy in Herefordshire has increased over recent decades, the same trend is not apparent with respect to healthy life expectancy, which means that more people are spending more years of their lives in poor health – approximately 16 years for both males and females are spent in ill health.

Although females in Herefordshire experience more years in good health than the national average, there has been a downward trend in healthy life expectancy since regular reporting for this metric began in 2009-2011. For males, there has been a downward trend in healthy life expectancy in recent years, such that their healthy life expectancy is no longer significantly higher than the national average. As part of the Government levelling up agenda, there is a national ambition to improve healthy life expectancy by 5 years by 2035.

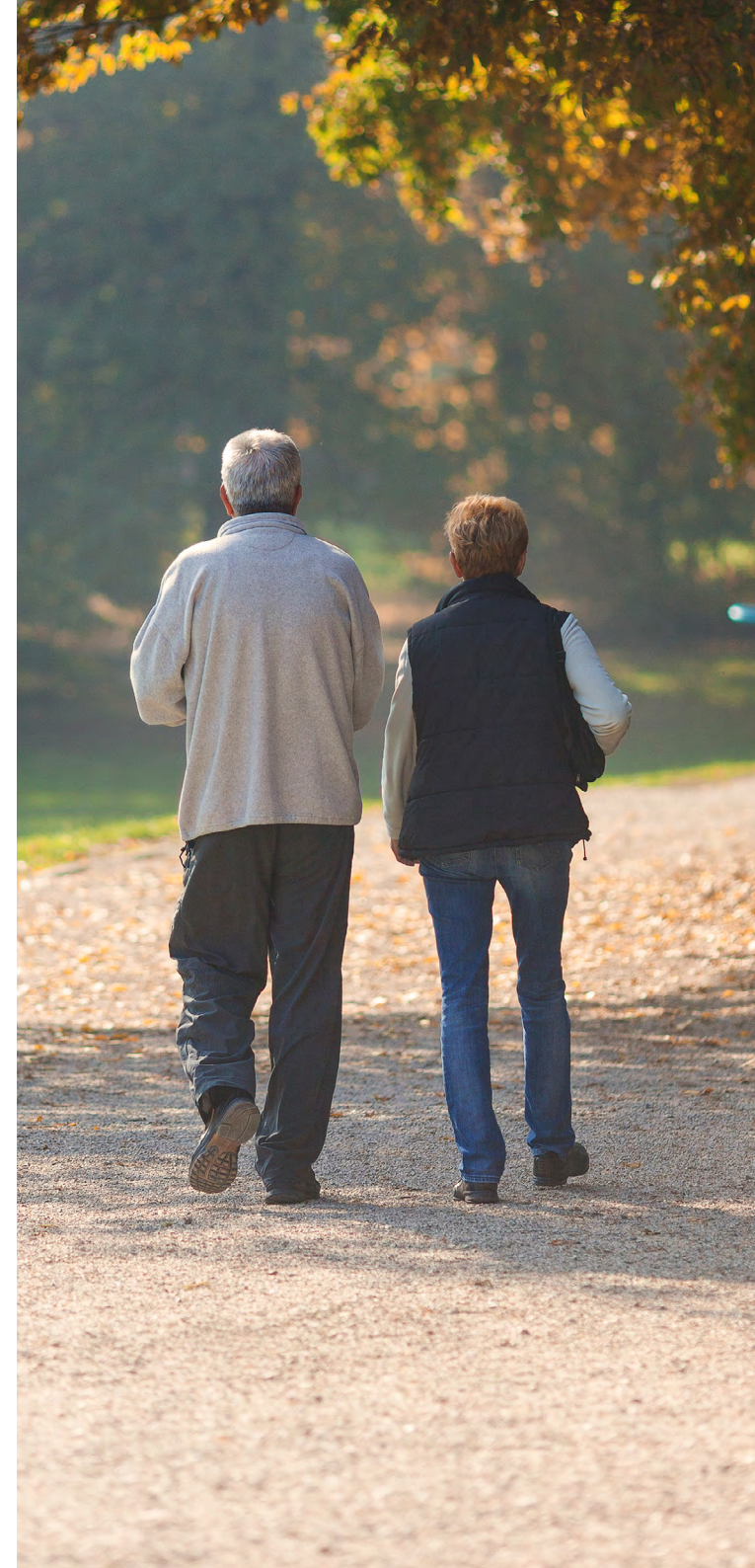


Figure 2: Life expectancy and healthy life expectancy trends in Herefordshire and England<sup>5</sup>



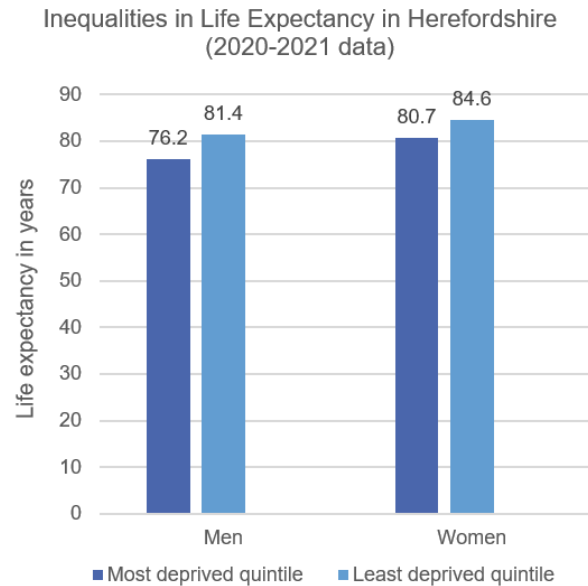


Figure 3: Life expectancy in the most and least deprived 20% of Herefordshire<sup>6</sup>

As we work and live longer, how long we spend in good health (our healthy life expectancy), becomes increasingly important.

Healthy life expectancy also varies significantly by area. Figure 4 shows the average healthy life expectancy for the 20% most and least deprived LSOAs in Herefordshire. Female healthy life expectancy at birth in the most deprived areas of Herefordshire was 3.4 years fewer than in the least deprived areas in 2009 to 2013; for males it was 3.1 years fewer.

People experience more ill health as they get older, but many long term health conditions are preventable and are affected by the social and economic environments that we live in. This is demonstrated by a significant gap in life expectancy between the most and least deprived areas of Herefordshire (figure 3).

The main conditions contributing to the gap in life expectancy between the most deprived and least deprived areas in Herefordshire are circulatory diseases, cancers and respiratory diseases, accounting for 58.5% of the gap in males and 53.5% in females<sup>6</sup>. We know that many of these conditions are preventable by reducing harmful behaviours such as smoking, inactivity, poor diet and excessive consumption of alcohol. These factors are often more common amongst people living in poorer areas.

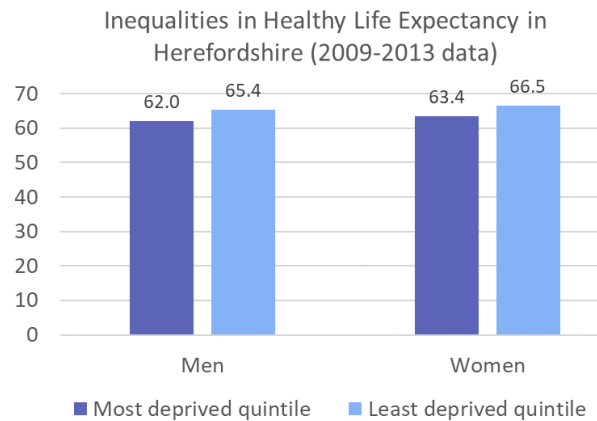


Figure 4: Healthy life expectancy in the least and most deprived 20% of Herefordshire<sup>7</sup>



## 2. Health Challenges

### Long Term Health Conditions

Long term conditions or chronic diseases are conditions for which there is currently no cure that are managed with drugs and other treatment, for example, diabetes, chronic obstructive pulmonary disease, chronic kidney disease and hypertension. With older age comes an increasing likelihood of an accumulation of chronic diseases, sometimes called multi-morbidity.

Not only can long term conditions significantly impact on people's quality of life, treating these conditions can be a large financial expense for health and social care. It is estimated that for every £1 spent on health and social care in the UK, 70p is spent supporting those with long term conditions<sup>8</sup>. Furthermore, people with long-term conditions account for about 50% of all GP appointments, 64% of all outpatient appointments and over 70% of all inpatient bed days<sup>9</sup>. Preventing the occurrence of some long term conditions will not only improve quality of life, but it will also help manage the finite resources across our health and care system.

Long term conditions are more common in older people (58% of people over 60 years compared to 14% under 40 years) and in more deprived groups. People in the poorest social class have a 60% higher prevalence than those in the richest social class and 30% more disease severity<sup>10</sup>. Of 53,000 Herefordshire GP registered patients over the age of 65, 38,000 (71.7%) have one or more long term condition<sup>11</sup>.

Number of people with long term conditions aged >65 in Herefordshire

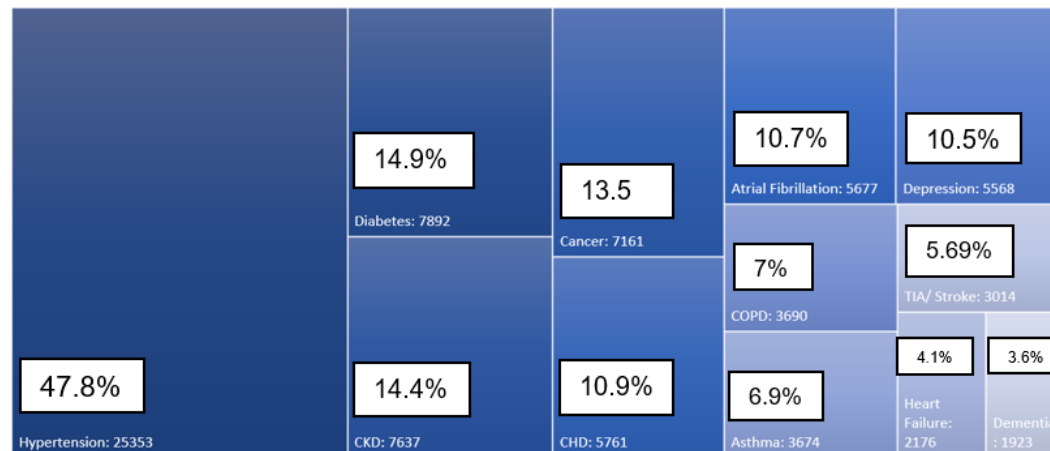


Figure 5: Current prevalence of long term conditions in over 65s registered with a Herefordshire GP<sup>11</sup>



### NHS Health Checks



The NHS Health Check is a mandatory national screening programme, available every five years to those aged 40-74, who are not on a disease register.

The NHS Health Check can help to detect risk of disease early, in order to prevent the development of diseases and maximise our health as we grow older. By detecting risk and offering interventions to reduce them, a range of medical conditions can be delayed or prevented, including type 2 diabetes, stroke, heart disease, dementia and kidney disease.

Throughout 2023/24 in Herefordshire;

- 22,607 people have been invited for a NHS Health Check. This is more than 20% of the total eligible population, meaning that all of the eligible population will receive an invitation over a five-year period.
- 6,460 people have received a NHS Health Check, meaning that our uptake for 2023/24 is currently above the national average.

All those receiving a NHS Health Check receive follow up support, and where necessary, appropriate clinical intervention.



These long-term conditions were chosen as they represent the most commonly recorded long-term conditions in those 65 and over in Herefordshire<sup>11</sup>. Half (47.8%) of all diagnoses are for hypertension which is a key risk factor for cardiovascular disease.

Figure 6 shows the number of people aged 65 and over in Herefordshire, who are recorded as having hypertension (high blood pressure), diabetes, chronic kidney disease (CKD) and cancer in 2023. These proportions have been applied to the population estimates in Herefordshire up to 2040.

In 2023, there were 25,353 people over the age of 65 in Herefordshire with hypertension, but using crude estimations, this is predicted to increase to 32,684 people by 2040. The number of people with diabetes, CKD and cancer is also predicted to rise over this time period.

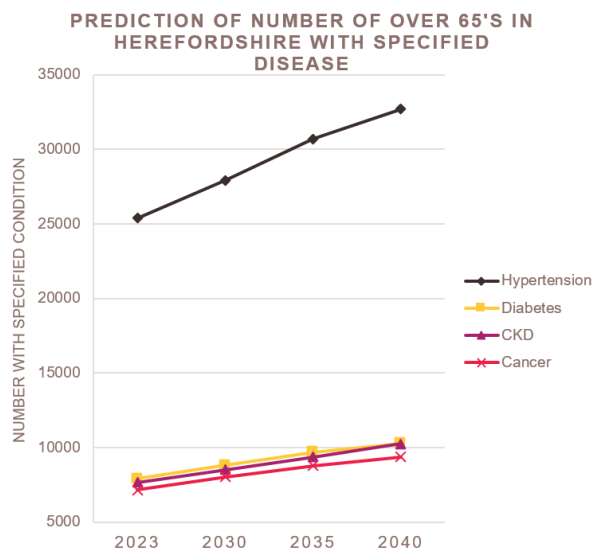


Figure 6: Current and projected number of diagnoses for the most common long term conditions in those 65 and over in Herefordshire.<sup>1, 11</sup>

(Note that these data are crude estimations that assume the current proportion of over 65s diagnosed with these conditions will remain the same going forward.)

Figure 7 shows the projected number of residents whose daily activities are limited by having a long term condition, which is also predicted to increase each year.

The increased number of people with long term conditions will impact upon residents' health and wellbeing, as well as having wider impacts on the healthcare and social care sectors.

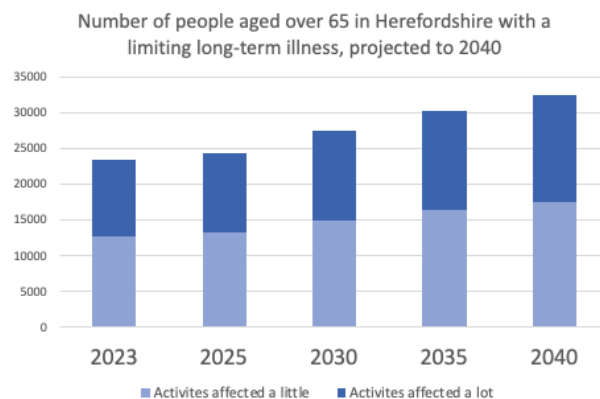


Figure 7: Projected proportion of Herefordshire residents aged 65 and over with a limiting long-term illness<sup>1</sup>





Figure 8 uses data collected from Herefordshire registered patients and shows how the proportion of patients with long-term conditions increases with age, along with the number of long-term conditions patients live with<sup>11</sup>. Data shows that one in four 35 year olds have a long term condition, increasing to 1 in 2 by the age of 60-years.

Evidence suggests that people living with multiple long term conditions are at greater risk of poorer outcomes such as increased mortality, lower quality of life, and greater use of health and social care services, including unplanned admissions. They also face challenges in navigating the health and care system and managing their health, and are generally less satisfied with the care they receive. Most health conditions that cause disability are not inevitable, they can be prevented or the onset delayed through our health behaviours, our relationships, our communities and our environment. If we can prevent or delay the onset of these chronic conditions, we can age better, with not just an increase in life expectancy, but an increase in the years we spend in good health. Intervening early to reduce exacerbations and complications is often termed secondary prevention. If we can identify a condition early, outcomes are far better and the impact on a person's life is much reduced.

Research has found that most people with multiple long term conditions have one or more of the risk factors that significantly impact on people's health, including smoking, poor diet, physical inactivity and excessive alcohol consumption. 60% of those with multiple long term conditions have four or more risk factors<sup>12</sup>. This highlights the importance of primary prevention even for those who already have a long term condition, in order to prevent the development of multiple conditions.

## Frailty and falls

Having an ageing population means that more people are at risk of frailty, falls and fractures. Frailty is generally characterised by issues like reduced muscle strength and fatigue. Frailty is often associated with multi-morbidity, and around 10% of people aged over 65 live with frailty nationally. This figure rises to between 25% and 50% for those aged over 85<sup>13</sup>. It is estimated that 4,600 older people with frailty are living in the community in Herefordshire and this is expected to increase by 28% by 2025 to around 5,900. There are also estimated to be around 18,600 people with pre-frailty living in the community in Herefordshire.

Falls are a preventable cause of loss of independence, morbidity and mortality. Older adults have the highest risk of falling, with 30% of people aged over 65 and half of those over 80, falling once a year or more<sup>14</sup>. In Herefordshire, 7,840 (14.8%) of >65's were recorded as having a fall in the last year<sup>11</sup>. In 2021/22, 785 people aged over 65 in Herefordshire had an emergency hospital admission due to falls (1,552 per 100,000 people). Herefordshire's admissions for falls in the over 65's were significantly better than the national average of 2,100 per 100,000 people<sup>15</sup>.

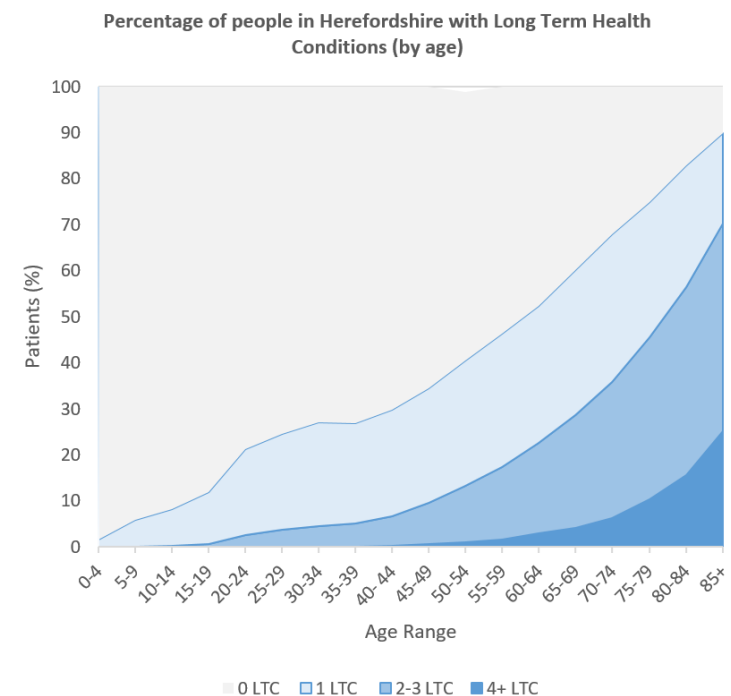


Figure 8: Percentage of people in Herefordshire with long term conditions by age<sup>11</sup>

Having a fall has a devastating human cost through the loss of independence, confidence, pain and distress. The costs to health and social care are also substantial, with approximately £6 million spent by the NHS on treating falls each day<sup>14</sup>, in addition to other costs associated with social care.

Based on population projections, we can estimate the future number of admissions we might expect to see due to falls in Herefordshire (Figure 9).

Over the next 15 years, we will likely see a marked increase in admissions for those over 80, which will place further pressure on our local health and care services.

## Healthcare

For the 53,000 residents aged over 65 in Herefordshire, the average number of GP contacts per year is 11, whereas the average number of GP contacts per year for those aged less than 65 years is 5. In the over 65 age group, 44,000 (83%) people have had 12 or more contacts with their GP Practice in the last year<sup>11</sup>. This demand is expected to rise as our older population grows.

Nationally, it has been acknowledged that there are currently not enough GP's to meet the ever-increasing demands on primary care and increasing complexity of health issues in an ageing population. Nationally, there is the equivalent of one full-time GP for every 2,994 patients, compared to one for every 2,110 patients in Herefordshire. However, the number of patients per full-time equivalent GP has risen significantly since 2019, placing additional demand on Primary Care services. If demand continues to rise, this may worsen the ability of our residents to access GP appointments and make it less likely that individuals will be able to see the same GP over a long period of time. UK research has shown that being able to see the same GP leads to fewer deaths, fewer hospital visits and use of over-stretched emergency services, and less cost for the NHS<sup>16</sup>.

## Social Care

The requirement for care home placements for over 65s in Herefordshire is also predicted to rise. In 2018, 1,150 older adults in the county required a care home placement, but this is predicted to rise to 2,650 by 2038<sup>2</sup>.

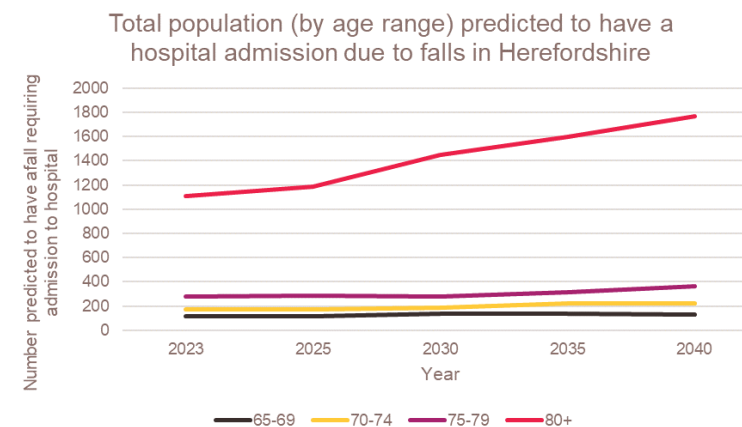


Figure 9: Hospital admissions due to falls in Herefordshire by age<sup>1</sup>





As potential demand increases, so will the proportion of people living with dementia in Herefordshire, and particularly in care homes. Figure 10 shows the projected number almost doubling from 1,200 in 2016 to 2,300 in 2036<sup>2</sup>. If the demand for care home places continues to increase as predicted, there is a risk that there may be too few places for those who need care.

Older people may face increasing isolation, and input from unpaid carers is likely to become greater. Herefordshire Council's Care Commissioning Team are planning ahead to increase provision of care home places, particularly for those with dementia, and will conduct a review of alternative housing options that maximise independence. They will also implement strategies to reduce social isolation and support people to remain at home for longer, utilising home aids and adaptations, new technologies and community assets.

For individuals with assessed care and support needs, a range of services can be provided, either in an individual's own home, the community, or in a care home. Wherever possible, the council will provide care in an individual's usual place of residence. However, in some circumstances, a move to a different housing environment may be required, in which on-site support is available on a 24-hour basis (sometimes called Extra Care Housing or Retirement Villages). For those with more substantial needs, 24 hour support is available within designated care home settings across the County.

## Spotlight on Dementia

Dementia is a group of related symptoms which affects how the brain functions. The majority of older people do not develop dementia. Dementia prevalence in the UK is estimated to be approximately 3% for those aged 70-74 and 11% at 80-84<sup>17</sup>, and therefore should not be considered an inevitable part of ageing.

Dementia has physical, psychological, social and economic impacts, not only for people living with dementia, but also for their carers, families and society at large. Dementia affects each person in a different way, depending upon the underlying causes, other health conditions and the person's cognitive functioning before becoming ill. As the disease progresses, the need for help with personal care increases.

People with dementia may not be able to recognise family members or friends, develop difficulties moving around, lose control over their bladder and bowels, have trouble eating and drinking and experience behaviour changes such as aggression that are distressing to the person with dementia, as well as those around them.

For family members and caregivers, dementia can be challenging to manage, both emotionally and practically. Providing care for a loved one with dementia can be time-consuming, stressful, and costly, and may lead to caregiver burnout and other negative outcomes. At the community level, dementia can have significant economic impacts. The cost of caring for individuals with dementia can be high, and as the population ages, the prevalence of the condition is expected to increase, placing an even greater burden on health and social care.

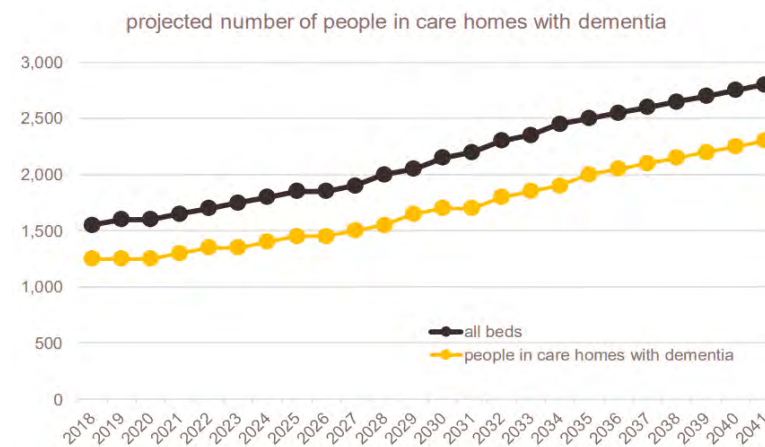


Figure 10: Projected rise in the number of people living with dementia in care homes<sup>2</sup>

In Herefordshire it is estimated that there are 3,200 older adults with dementia and this is expected to rise to over 5,500 by 2040<sup>18</sup>. The estimated dementia diagnosis rate in Herefordshire is 53.9%, significantly below the national target of 66.7%, and lower than the average rate for England (63%). It is therefore very likely that current and projected rates are an under-estimation of the true burden of this disease.

Improving the rates of dementia diagnosis is important to ensure people get the care and support they need. A timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

Figure 11 shows the number of people in different age groups that are currently projected to develop dementia.

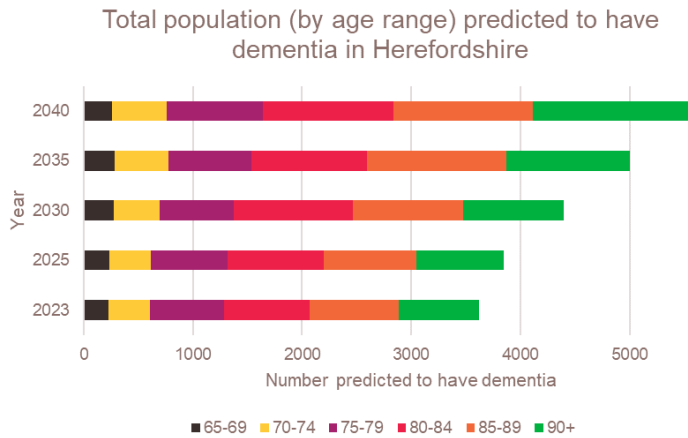


Figure 11: Number of people over 65 predicted to have dementia in Herefordshire<sup>1</sup>

(Based upon 2018 population projections from the Office for National Statistics and 2014 disease prevalence estimates produced by the Alzheimer's Society.)



## Herefordshire Dementia Festivals

Two successful Dementia Festivals have taken place in Herefordshire, the first in October 2022 and the second in March 2023. They aimed to build awareness and ensure we focus on what matters most to people living with the condition and their carers. Over 100 members of the public and 66 professionals attended the first festival. Feedback from professionals indicated that the festival had led to some changing their practice to make their services more accessible.



The second festival was led by people with a diagnosis of dementia and their carers. People living with dementia presented their experiences of getting a diagnosis and living with the condition and carers also presented their experiences of caring for a loved one with dementia. Over the two days, 80 people affected by dementia attended, along with 45 professionals.

Feedback from those who attended the festivals said that they:

*Promoted awareness and respect for patient individuality*

*Helped people stay connected and engaged*

*Enabled people to work together and share ideas*

*Reminded us to focus on what matters most to the person*



### 3. Factors affecting ageing well

The development of health conditions associated with older age is not inevitable. There are many straightforward actions that can be taken by individuals and society to delay or prevent the onset of disease and maximise healthy life expectancy. To identify these, it is first helpful to understand some of the main factors that affect our health as we age.



#### Feel Good For Life

Feel Good for Life Hereford runs weekly sessions at HALO Leisure Centre, each session includes low-impact physical activity and a social activity.

Feel Good for Life Hereford launched in November 2023 and as of February 2024, 36 people have registered for the programme in Hereford, including 19 living with dementia and/or long term complex needs or disability, and 17 unpaid carers. There is currently a waiting list due to its popularity and capacity constraints.

*"The exercises are good. I suffer from anxiety and depression and don't often go out, so I am not as flexible as I used to be. But these are adaptable and I'm able to keep up."*

*"Last week he did not want to go out of the house and his general engagement levels were 0 out of 5. After being at the first session, the smile is back on his face and his engagement level is 5 out of 5 - thank you!"*

*"I'm here with my father-in-law. He's lived here (in Hereford) all his life, but when he was diagnosed (with dementia), it became harder for him to go about his normal routine. He was at home more and getting very down. It's nice for us to get out and do other things. It's not always easy, but we try to do as much as we can. This session is new for us, but the exercises are good and he likes the toning suite. The coffee helps too!"*





## Factors affecting ageing well: Healthy Behaviours

Our health behaviours play a key role in how well we age. Being physically active, eating a healthy, balanced diet, not smoking and moderating alcohol consumption can make a big difference to health in later life, increasing the proportion of life spent in good health. There is a great deal of evidence about how making healthy choices can enhance health and wellbeing in older age and that it is never too late to adopt healthy behaviours and add years to life and life to years.



### Smoking

Smoking is the UK's most common cause of cancer deaths and chronic obstructive pulmonary disease - the name given to a group of irreversible lung conditions that cause breathing conditions. Smoking is also a major cause of heart disease, stroke and heart failure, and it increases the risk of dementia. Due to people who smoke generally dying sooner than those that don't, smoking rates are lowest among people aged 65 and over. However, those who smoke in older age, smoke a higher number of cigarettes per day than other age groups. The harms of smoking disproportionately affect the poorest in our communities and are a major cause of health inequalities in older people. In Herefordshire, 3,253 (6%) residents over 65 are recorded as smokers<sup>11</sup>.

The National Institute for Health and Care Excellence (NICE) recommends that smoking cessation advice is available to all smokers, regardless of age. However, evidence suggests that older smokers are less likely to be offered support to stop smoking than younger smokers<sup>19</sup>. Quitting smoking at any age reduces the risk of developing smoking-related disease and increases life expectancy. Herefordshire is one of the first phase locations for 'swap to stop'. This scheme aims to provide the residents of Herefordshire a vape offer, which enhances our existing stop smoking services, reaching segments of the population at greater risk of smoking and smoking related disease.

In October 2023, the Government published the *Stopping the Start* command paper outlining a series of legislative and funding programmes to tackle smoking. This includes a commitment to increase capacity of stop smoking services and support more people to quit smoking<sup>20</sup>

Herefordshire will also be supporting the delivery of 'Stopping the Start', a five year strategy to support the government's target to be smokefree by 2030 (prevalence of 5% or less). The national goal of this scheme is to increase number of people setting quit attempts nationally to 193,908. There are currently 393 people setting quit attempts in Herefordshire, but by the end of year one, there is an aim to reach 550 people, with this increasing to 1,335 people in year five.





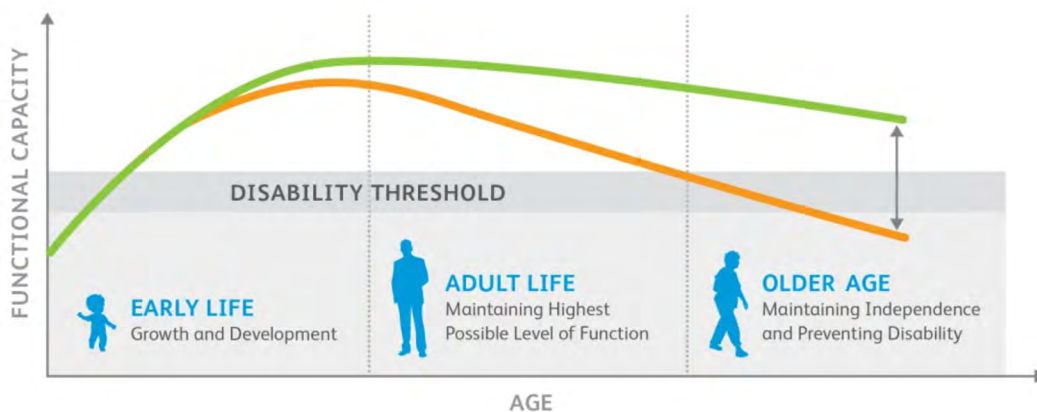


## Physical Activity

Physical activity is vitally important to enable people to maintain mobility and independence in older age. Regular physical activity reduces the risk of falls and of developing major conditions, such as cardiovascular disease, type 2 diabetes and cancer. Physical activity also supports good mental health and wellbeing.

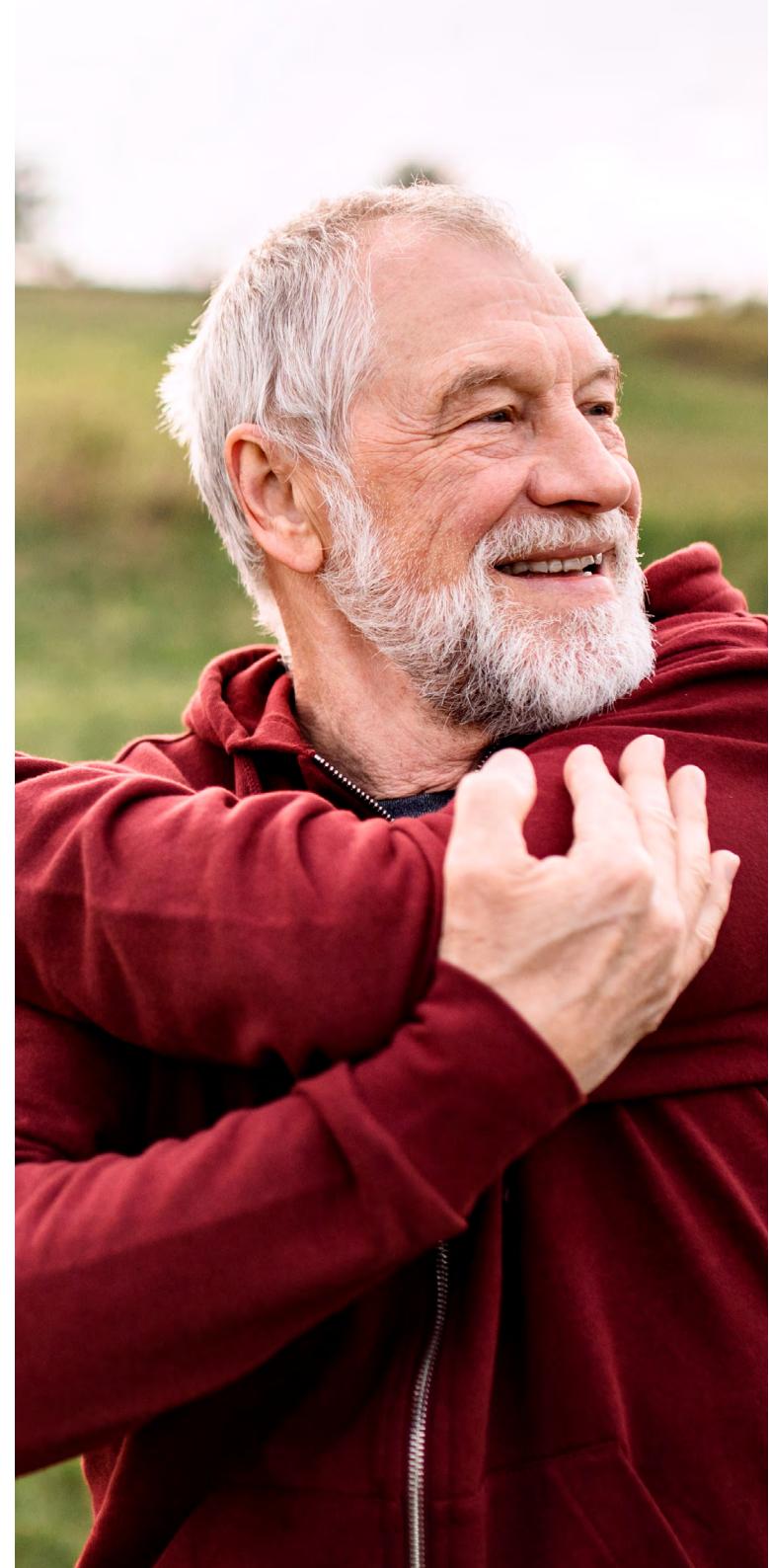
There is a misconception that as people age, they should 'slow down' and 'rest' and this is reflected in the data showing that people tend to become less active as they get older, with physical activity levels the lowest amongst our oldest age groups. However, research has found that it is never too late to start to be active, and that being active can impact on bone strength and muscle mass, and reduce the risk of osteoporosis, falls, fractures and frailty<sup>21</sup>. After the age of 30, muscle mass decreases by 5-8% per decade and by age 70, this more than doubles, to 15% per decade<sup>22</sup>. Given the breadth of benefits that being active has for health, it is often referred to as the 'miracle drug'<sup>23</sup>.

Functional capacity refers to an individual's ability to perform everyday activities that are necessary for health and wellbeing, such as being able to pick up an object off the floor, stand up without using armrests, or climb stairs. Figure 12 shows how functional capacity changes with age. Having a sedentary lifestyle accelerates our loss of functional capacity as we grow older (shown by the orange trajectory). However, maintaining strength and muscle mass through physical activity, results in higher functional capacity and, therefore, independence in older age (shown by the green trajectory).



Source: Adapted from Kalache, A., Kickbush, I. A Global Strategy for Healthy Ageing. World Health, 1997 50(4):5.

Figure 12: Functional capacity change with age in physically active (green) and sedentary (orange) individuals<sup>24</sup>



It is recommended that older adults aim to do 150 minutes of moderate intensity aerobic activity per week and strength and balance activities twice a week, but any physical activity is better than none.<sup>23</sup>

Walking is often overlooked as a form of exercise, even though it's simple, free and one of the easiest ways to get more active, lose weight and become healthier. With over 2,000 miles of footpaths through beautiful countryside in Herefordshire, walking can provide a good opportunity to improve stamina, burn excess calories and improve health.



Figure 13: Physical activity guidelines for adults and older adults<sup>23</sup>



## Halo Exercise Referral Scheme



Halo Exercise Referral Scheme supports individuals to exercise in their safe and friendly centres across Herefordshire. Following referral, individuals will have a one-to-one appointment with an instructor and a personalised activity plan to suit the individual's age and ability.

Michael has some health anxiety and other health challenges. A Practice Nurse referred him to the Wellbeing Service for support. After a few sessions with a Health Coach, Michael's confidence had grown and he consented to be referred to the Halo Exercise Referral Scheme. Michael is now attending his local gym once a week for the first time in his life and really enjoys training on the various equipment available.

In order to attend the local gym, Michael had to come out of his comfort zone and overcome his anxiety.

*I am quite satisfied that I am making progress and am keen to continue!"*

Michael has not only become fitter but has started to connect socially with other attendees.





## Healthy Eating and Healthy Weight

Eating a nutritious diet can delay the onset of diseases. Consuming at least five portions of fruit and vegetables each day reduces the risk of hypertension, chronic heart disease and stroke. Poor diet and being overweight increase the risk of conditions such as cardiovascular disease, diabetes and cancer.

Maintaining a nutritious diet as we age is important for our overall health. The recommended intake of carbohydrates, sugar, fibre, fat, and salt remains similar to younger adults. However, a recent UK dietary survey indicated that older adults fail to meet the recommendations for intake of fruit, vegetables, fibre, and oily fish, with evidence of low intakes of vitamin A, vitamin D, riboflavin, and folate and excessive intake of saturated fat, sugar and salt. Older adults are at high risk of Vitamin D deficiency, regardless of race or ethnicity. Vitamin D is important for bone and muscle strength, so it is advised that 10mcg (400IU) supplements are taken daily between October and March. Those at the highest risk of deficiency, such as housebound adults or those that cover their skin when outdoors, should take a supplement daily throughout the year.<sup>22</sup>

The most widely used measure of obesity is the Body Mass Index (BMI), defined as weight divided by the square of height ( $\text{kg}/\text{m}^2$ ). A person is classified as 'obese' if their BMI is 30 or higher, and 'overweight' if their BMI is between 25 and 30. The majority of older adults are now overweight or obese. In England, the prevalence of overweight and obesity is highest among adults aged 45 to 74, with 73% of adults aged 65 to 74 living with overweight or obesity<sup>25</sup>. Given current rates of high BMI in younger people, we can expect an even greater proportion of older people to live with overweight and associated health conditions for many years to come. The promotion of healthy diets early on in life, as well as supporting older people to achieve a healthy weight, is therefore essential for maintaining good population health.

Figure 14 shows that of those residents in Herefordshire over the age of 65 with a recorded BMI in their patient record (50,801), 33,035 (65%) residents are overweight or obese<sup>11</sup>.

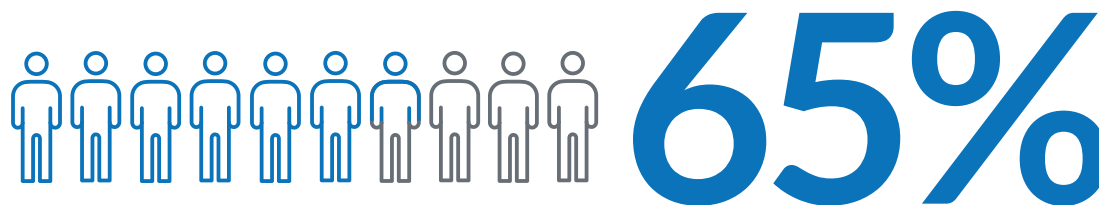


Figure 14: Nearly 65% of Herefordshire residents over the age of 65 are overweight or obese





## Alcohol

Alcohol is a risk factor for many major conditions including cancers, cardiovascular disease and liver disease. Alcohol can also exacerbate age-related health concerns such as cognitive impairment and increase the risk of falls. Older adults are more likely to experience health conditions due to high levels of alcohol consumption over many years. In addition, some older adults start to develop harmful drinking behaviour in older age, sometimes associated with bereavement or mental health difficulties.

The Health Survey for England in 2021 found that across all age groups a higher proportion of men reported drinking alcohol in the last week (61%) than women (49%) and men were also more frequently drinking at higher risk levels (over 14 units per week). The proportions who reported drinking in the last week were higher in the oldest age group (49% of those aged 75 and over) than the youngest age group (37% of those 16-24), however, the oldest age group (aged 75 and over) were the least likely to drink over 14 units per week.

Older people are less able to process alcohol and are more likely to be taking prescribed medicines that could interact with alcohol, placing them at greater risk of alcohol-related harm. Nationally, 24% of all alcohol-related hospital admissions occur among patients aged between 65 and 74<sup>26</sup>. Individuals in more deprived areas are disproportionately affected by alcohol-related harms, despite drinking alcohol at similar or lower levels than those living in less deprived areas.

Older people may experience barriers to seeking support from alcohol treatment services as incidents such as alcohol-related falls may be attributed to frailty. Alcohol treatment services are often targeted towards younger people and this may contribute to a reluctance for older people to seek support.



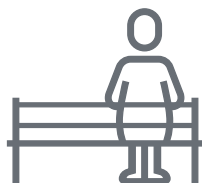
## Factors affecting ageing well: Social Connections

Being connected to others is also important for health and happiness in later life. Positive social connections with family, friends, colleagues and communities provide a sense of belonging and contribute to good physical health. Being socially active may also reduce the risk of developing dementia. Loneliness and social isolation can have as negative an impact on health as chronic long term conditions such as diabetes and hypertension.

Although people can experience loneliness at any time during their life, older people are particularly vulnerable as their social connections change with age and circumstances such as retirement, caring responsibilities and bereavement. Older people may have different experiences of social connectedness, depending on where they live and their financial resources, which can create health inequalities.

People living in the most disadvantaged areas experience greater levels of poverty, and the link between social isolation and poverty appears to be stronger among older people than working age adults. Poverty can mean that some older people may be unable to afford the cost of transport to attend social activities or visit friends and family.

Social connections are enhanced by a wide range of community assets that include good transport links, green spaces, community groups, and learning, employment and volunteering opportunities.



### Social Isolation and Loneliness

Social isolation and loneliness have been linked to increased risk of heart disease and stroke, type 2 diabetes, depression and anxiety. According to research, the health risks of prolonged isolation are equivalent to smoking 15 cigarettes a day. Social isolation and loneliness have even been estimated to shorten a person's life span by as many as 15 years<sup>27</sup>.

In Herefordshire, 31% of households are single occupancy and half of these are people over 65, equating to 28% of all those aged 65 and over<sup>3</sup>. Herefordshire is also a very rural county, which further increases the potential for social isolation.

Nationally, 10-13% of older people report being lonely, and the percentage of those who report loneliness increases in those aged over 60<sup>28</sup>. The 2023 Herefordshire Community Wellbeing Survey reported that around 1 in 5 (18%) adults felt lonely 'some of the time' or 'often/always'<sup>29</sup>.

Although isolation and loneliness are closely linked, it is important to recognise that people can be isolated but not lonely and vice-versa. Local data show that only 76 people over 65 in the county have been recorded by GP practices as lonely or isolated<sup>11</sup>, which shows that increased recognition and identification of this is needed.







## Carers

Unpaid carers often provide help and support to their family and friends. They are an extremely important asset for the wellbeing of many older people, as well as to the health and social care sector. The 2023 Community Wellbeing Survey found that 21% of Herefordshire adults provided some level of unpaid care, equating to over 35,000 residents<sup>29</sup>. However, unpaid carers are at risk of having worse health outcomes themselves. Although the reasons behind this are complex, it has been attributed to the stress of the caring role and difficulty accessing healthcare services themselves around their caring commitments.

In 2021/22, 32.4% of carers aged over 65 in Herefordshire were found to have had as much social contact as they would like, with the average in England recorded as only 28.8%, putting them at high risk of loneliness and social isolation<sup>30</sup>. In a 2021 GP survey, over half (51%) of carers avoided making a GP appointment, compared to 40% of non-carers<sup>31</sup>.

In Herefordshire, [Crossroads Together](#) offer practical support for unpaid carers who look after someone with a disability or life affecting illness. Herefordshire Carers help to keep carers connected, as well as organise trips and social events for carers. The [Talk Community Directory](#) also has information to support carers, together with a directory of activities, events and services. Visit [Talk Community Directory - Looking after someone section](#).



## Digital Literacy

The internet and digital technology has transformed how we work, communicate, learn, and access information. But many people do not have access to the internet or are unable to use it. This can contribute to loneliness and involuntary social isolation and can make it difficult to access important health information and local services. Local data has found that 88% of adults in Herefordshire regularly access the internet for non-work purposes. Those aged over 65 in Herefordshire are less likely to use the internet regularly compared with other age groups, with 25% reporting they do not access the internet regularly. A third of those over 65 who do not use the internet reported that they did not possess the skills to use it<sup>32</sup>.

Telecare is a monitoring service that offers remote support to elderly, disabled and vulnerable people who live alone in their own homes, by providing them with an alarm worn on a pendant. The 2022 Telecare Users' Survey found that 49% of Telecare users in Herefordshire do not use the internet<sup>32</sup>.







### Age-friendly employment and volunteering

Throughout our lives, having purpose and enjoyment in what we do brings great benefits to our wellbeing. Older people have rich life experiences and much to offer for the benefit of our communities. For older people, paid work and/or volunteering can provide opportunities to make social connections and boost self-esteem, but for many, this is only possible if they are in good health. Staying in work, volunteering or joining a community group can help people to stay physically and mentally active for longer.

Older people have a wealth of skills and intergenerational work is a great way to break down barriers between groups of people. It is important that employers understand the value of older people and the many benefits they can bring to the workplace. In the UK, more than one in nine (11.5%) are now working past their 65th birthday, representing 1.43 million people. This illustrates the importance of older workers to the economy.

When it comes to retirement, many people do not have clear ideas of how they want to spend their time and this may lead to lower levels of purpose. People with higher levels of purpose are more proactive in taking care of their health, they have better impulse control, and engage in healthier activities. Research on the transition into retirement has found that those who had difficulties moving into retirement were more likely to have poor health behaviours and have a decline in both mental and physical health<sup>33</sup>.



### Acknowledging older people as assets

Older people are assets to our communities. Their life experiences provide them with valuable skills and knowledge to enhance local community connections, build resilience and improve wellbeing at individual and community levels. As our older population grows, this will increase the number of people we can draw on to improve health and wellbeing, as all age groups can benefit from the skills, experience and knowledge of older members of the community.

Social capital can be defined as a shared sense of identity in a community, values and trust developed through social relationships. Older people can support the development of strong social capital in themselves and their communities through volunteering, caring, education and employment. Having strong social capital can support individuals' resilience to and recovery from illness.



## Factors affecting ageing well: Environment

In order for older people to maintain their independence and quality of life, we need to ensure the environment is suitable for them. The built environment can promote physical and mental health in older adults by providing opportunities for exercise and safe active travel, and by making social activities more accessible to people with some degree of disability. Suitable housing is also vital, as homes that are cold, damp, prone to overheating, unsafe, or unsuitable for the needs of older people contribute to the development and exacerbation of many long-term health conditions.



### Excess cold and heat

In Herefordshire, there is a higher rate of fuel poverty and lower energy efficiency compared to nationally. Due to the rurality of the county, only 69% of properties are connected to mains gas, compared to 87% nationally<sup>34</sup>.

Older people often spend more time at home than younger people, and adults over 60 are the group most likely to be living in a cold home during the winter months. Older people are more vulnerable to the detrimental health effects of both excess heat and cold temperatures within their homes, as they are less able to regulate their body temperatures. Cold homes are known to contribute to excess winter deaths. Homes that overheat in the summer can also exacerbate many long term conditions and this is predicted to increase with climate change.



### Unsafe homes

Home aids and adaptations can improve quality of life for older people who are losing mobility. Housing adaptations can reduce difficulties with washing and bathing, using the toilet, getting dressed and eating. Over twice as many houses in Herefordshire (25%) are reported to have a serious hazard, compared to 12% in England<sup>34</sup>.

In 2021, fall hazards were more prevalent in Herefordshire houses than nationally (9% compared to 7%) and this was more likely in privately owned or rented properties than social housing<sup>34</sup>. Falls can have major impacts on the health and wellbeing of older people, both physically and mentally, as they can greatly affect the confidence of older people to leave their homes due to fear of falling.

In Herefordshire there is a relatively high proportion of older homes- 39% were built pre-1990, which is nearly 5 times the national average<sup>34</sup>. Older homes are more likely to be listed buildings, which may pose barriers in gaining permission for adaptations. Making small changes to homes could help to maintain independence for longer and reduce the use of the NHS and social care<sup>35</sup>.



## Herefordshire Coffee and Memory bus (CAMBUS)



The CAMBUS is an outreach initiative that delivers well-being support to communities and enables improved access to services, information, and advice. It can sometimes be difficult for people to access support services or to find out about what is available to them, so this initiative aims to take that support and information to people where they are, reaching our more remote and smaller communities.

As well as providing advice, the CAMBUS provides the opportunity for a drink and chat with others. It delivers Living Well Roadshows and takes food bags and warmth supplies into rural communities. The CAMBUS is operated by Dementia Matters Herefordshire and works with Age UK and Talk Community Hubs.



## Transport and mobility

Transport and mobility are key to healthy ageing. Being able to get to shops, services and to see friends and family enables older people to have a good quality of life. However, in later life, mobility needs may change and older people may start to face some challenges in how they get around. They may lose the ability to drive safely and therefore, having a public transport system which meets the needs of older people is important for independence, especially in more rural areas, such as Herefordshire.

How we get around also influences our health as we age, with an increasing body of evidence suggesting that walking, cycling and the use of public transport all contribute to better health outcomes. Sustainable transport policies promote the use of public transport, which is often combined with walking or cycling, and is less polluting than car travel. However, in a largely rural area, where amenities are more difficult to access, this may be difficult to achieve without consideration of how to ensure that the environment and transport options are age friendly.

A poorly designed environment and unpredictable public transport services can reduce older people's ability to access activities and remain independent. Sometimes the design of public spaces, such as a lack of benches and public toilets, the condition of pavements, lack of pedestrian crossings, and a lack of appropriate signage or maps can reduce the ability of older people to walk to places. When planning and designing outdoor spaces and buildings, there are ways to ensure that the environment is supportive for people as they move into later life. The WHO toolkit for policy makers and planners provides guidance on developing, implementing and evaluating age friendly policies and interventions<sup>37</sup>.

Herefordshire Council are currently developing long term plans for the county for housing and transport, which provides a timely opportunity to ensure that these plans reflect environments and infrastructure that support older people to age well.





## 4. How can Herefordshire support older people?



### Call to action: Individuals and Communities

**Seek support to live healthier** - Our lives are often unhealthier than we think, which can dramatically increase our chances of becoming ill later in life, but it's never too late to make positive changes and there is information and help available. We currently have 77 fantastic Talk Community Hubs in Herefordshire, offering up to date health and wellbeing information and connecting people to services, groups and activities within their local community or across the county.

**Move more and often** - keeping active is one of the best ways to reduce our risk of developing health conditions. Think of ways you could incorporate exercise as part of social life and the activities of daily living. It's never too late to start!

**Consider volunteering or learning a new skill** - Volunteering is a great way to get involved within your local community, meet new people, learn new skills and help make a difference. You can offer as much or as little of your time as you like and there's something for everyone, regardless of skills and abilities. There are over 1,500 voluntary and community groups across Herefordshire, which rely on help and support from volunteers.

**Consider joining a community activity** - Have a look at what's available in your local community, as there may well be a group or club you'd be interested in joining. Talk Community Hubs connect people to services, groups and activities within their local community or across the county.

There is a wealth of support, activities, and opportunities in Herefordshire, but finding out about them can be difficult, especially for those who do not use the internet or are socially isolated.

**TALK COMMUNITY**  
DIRECTORY

Talk Community provides a directory of local services, which can be found here:

[Directory Search - Talk Community Directory.](#)

If you'd like to find out more about how you can help yourself, how you can help your community or how your community can help you, you can also get in touch with the **Talk Community Helpline on 01432 260027.**



Age UK Herefordshire & Worcestershire and Age UK Worcester, Malvern Hills & Hereford Localities provide a range of services to support older people living in Herefordshire to improve and sustain their financial, physical and mental wellbeing.

**Visit:** <https://www.ageuk.org.uk/herefordshireandworcestershire/>  
<https://www.ageuk.org.uk/worcester-malvern-hills/>

**Improve your computer skills** - If you don't already use a computer or electronic communicational device Herefordshire libraries offer free computer and internet access at most of their sites.

**Be aware of the potential triggers for loneliness** - For example, bereavement, being a carer, lacking transport or having a low income. If you are in contact with older people, ask them if they would like to know more about how to make social connections and help them to find out what is available in their local community.

**Get advice on equipment and adaptations to help keep your home safe** - There's lots of specialist equipment and gadgets available which can help you remain safe and independent with everyday tasks such as washing, dressing, cooking, moving around your home or being out and about. There's support available, to help you make the right decisions for your needs. Herefordshire Council's Occupational Therapy Team provide independent advice and guidance on equipment provision, along with assessments of your individual needs. Contact Herefordshire Council on 01432 260101 or [ASCAdviceandReferralTeam@herefordshire.gov.uk](mailto:ASCAdviceandReferralTeam@herefordshire.gov.uk).

**Get advice on keeping warm in cold weather** - Keep Herefordshire Warm provide free energy efficiency advice for residents in Herefordshire, including potential funding support for those with broken boilers, no central heating or insulation.

To request advice, contact Keep Herefordshire Warm on 0800 6771432.

**Develop age-friendly employment policies** - These should enable older people to continue in paid employment for as long as they wish, including:

- Flexible working
- Age-positive hiring
- Ensuring everyone has the health support they need
- Encouraging career development at all ages
- Considering how jobs can be adapted or assistive technology used to support people in their employment when needed
- Supporting employees to ensure transition to retirement is well planned







## Call to action: Public Services

**Make every contact count (MECC)** – We need prioritise disease prevention in order to improve an individual's quality of life. Health and social care professionals have an invaluable opportunity to offer advice to help older people take up and maintain healthy behaviours and to signpost them for further support. A short online MECC course is free and can be accessed here [Making Every Contact Count \(MECC\) - Talk Community Directory](#)

**Increase uptake of NHS Health Checks** – These are an important way in which we can detect a person's risk of diseases and intervene to prevent further health problems. NHS Health Checks are available, once every five years, to those aged 40-74, who are not on a disease register. Health and social care staff can play an important role in providing NHS Health Checks and/or encouraging individuals to take up this offer.

**Work together to provide holistic and personalised care** - Currently, the medical profession is organised around single diseases and medical specialities. However, the reality is that a growing number of older people are developing multiple medical conditions (multi-morbidity). The result is that many older people attend multiple appointments with various medical specialists, for what can be a predictable cluster of conditions. These patients often receive many different medications that may not be helpful when taken together. A closer integration of services providing care to older people will be necessary to respond to the rise in multi-morbidity and ensure that patients are treated in a holistic way, to personalise their treatment in a way that is best suited to them.

**Publicise support available for older people** - Organisations should seek the views of older service users on how to publicise and deliver their services to all older adults, including those who do not use the internet.

**Increase support for the voluntary and community sector** - Voluntary and community sector organisations have a vital role in addressing the health and social care needs of communities. They often provide vital services to vulnerable and underserved communities, often through innovative and cost effective ways. Consideration should be given to understand and strengthen the role of the voluntary and community sector to improve health, well-being and care outcomes amongst the seldom heard.



Image provided by Age UK Worcester, Malvern Hills & Hereford Localities, showing participants at a Sheds Together Bromyard session, located at The Hope Centre. These sessions offer a safe, welcoming environment for older people to meet, socialise and learn/share practical skills.



**Promote volunteering opportunities for older people in the local community** – Use methods such as fliers, posters and the local press alongside digital promotion.

**Undertake community engagement with older people early in the planning of local developments**  
Herefordshire Council have collated data on the age profiles of the respondents to consultations in 2022 and have found that older adults engaged the most. They have also run a series of face-to-face 'roadshow' consultation events in locations across the county, to better engage people that are not able to travel.

**Develop detailed guidance around the design of age-friendly spaces and communities** - This could incorporate aspects of the age-friendly outdoor spaces and buildings checklist from the World Health Organisation. Visit [National programmes for age-friendly cities and communities \(who.int\)](https://www.who.int)

**Create dementia friendly public places** - Make efforts to create a dementia-friendly environment. This can include reducing noise and distractions, providing clear signage, and ensuring that spaces are accessible and safe for individuals with dementia. The Alzheimer's Society provide a wealth of resources with specific tips and ideas to help different types of organisations consider how they can make their individual services more accessible.

Visit: [Tips to make your organisation more dementia-friendly | Alzheimer's Society \(alzheimers.org.uk\)](https://www.alzheimers.org.uk).

**Maximising our collective resources** - Explore how public sector organisations can further align and pool resources to support people to live healthy, independent lives and improve outcomes for the population as a whole.



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